

The Novice Birthing: Keeping the first birth normal

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What is normal?

A natural caesarean?

Common definitions of normal?

“Normal” is generally considered to be that which is: typical; usual; standard; a regular pattern; occurring naturally (Merriam-Webster Online Dictionary, 2004).

Birth with minimal intervention or no medical intervention is considered to be normal (Duff, 2002; Page, 2000).

What is normal is socially and culturally defined

“Normality is not a fixed concept, it is socially defined and changes over time” (Downe, 1998 p.86)

“normal birth” is defined by the culture, in which we live and practice (Page, 2000)

“The culture of society is made up of all the meanings that are so deeply inscribed into our everyday actions that we rarely question them. It is most evident in the great transitions of life: birth, puberty, marriage and death” (Kitzinger 2000, p.11)

WHO definition of normal birth

“Spontaneous in onset, low-risk at the start of labour and remaining so throughout labour and delivery. The infant is born spontaneously in the vertex position between 37 and 42 completed weeks of pregnancy. After birth mother and infant are in good condition” (WHO 1996, p.3)

The WHO indicates that the risk status of the pregnancy and the course of labour and delivery should be taken into consideration.

UK Normal Birth Consensus- November 2007

Important to have a precise working definition for “normal birth.” They defined it as:

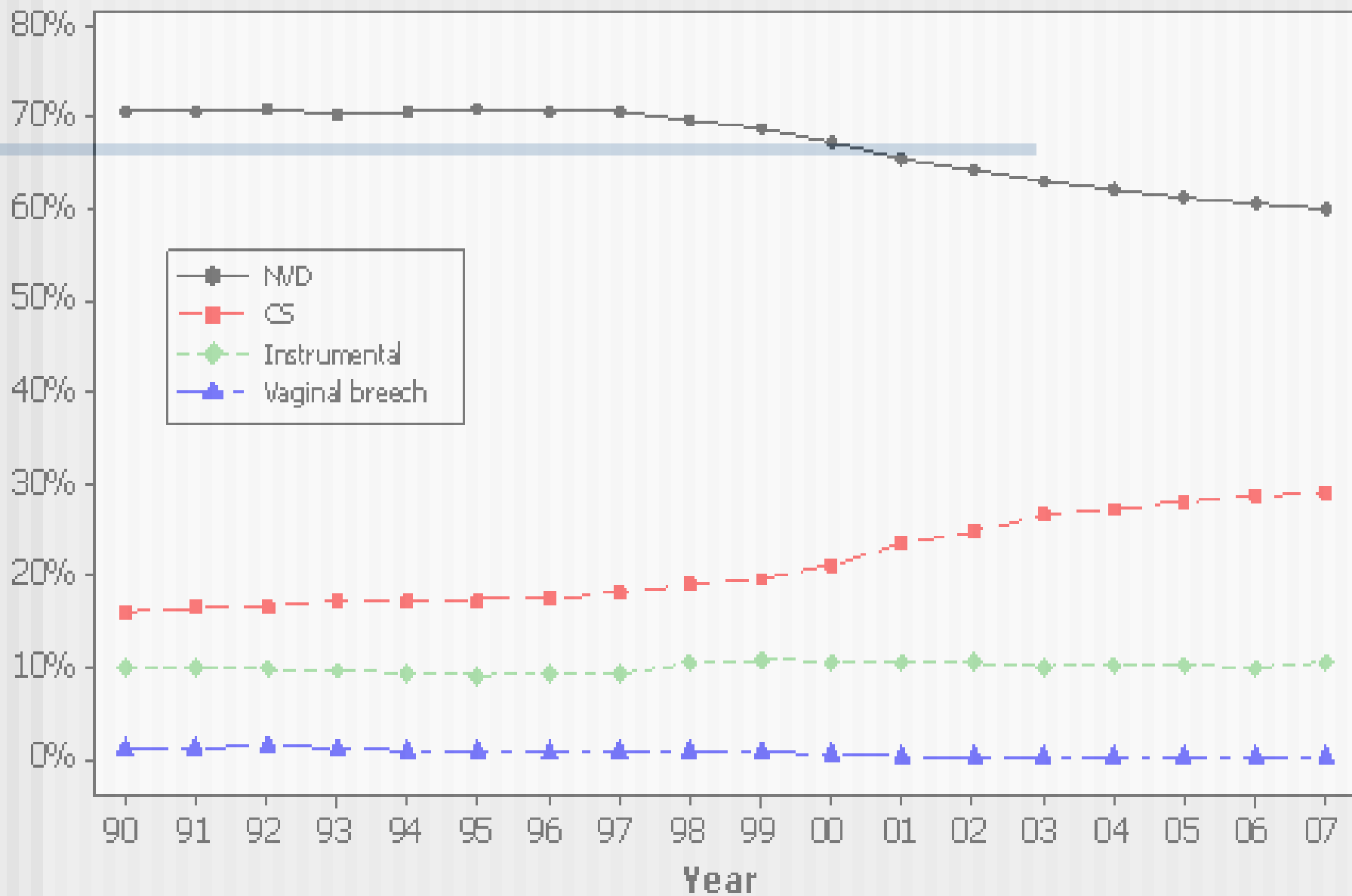
“Without induction, without the use of instruments, not by caesarean section and without general, spinal or epidural anaesthetic before or during delivery”

They have an aim that 60% of births would be classified as normal by 2010.

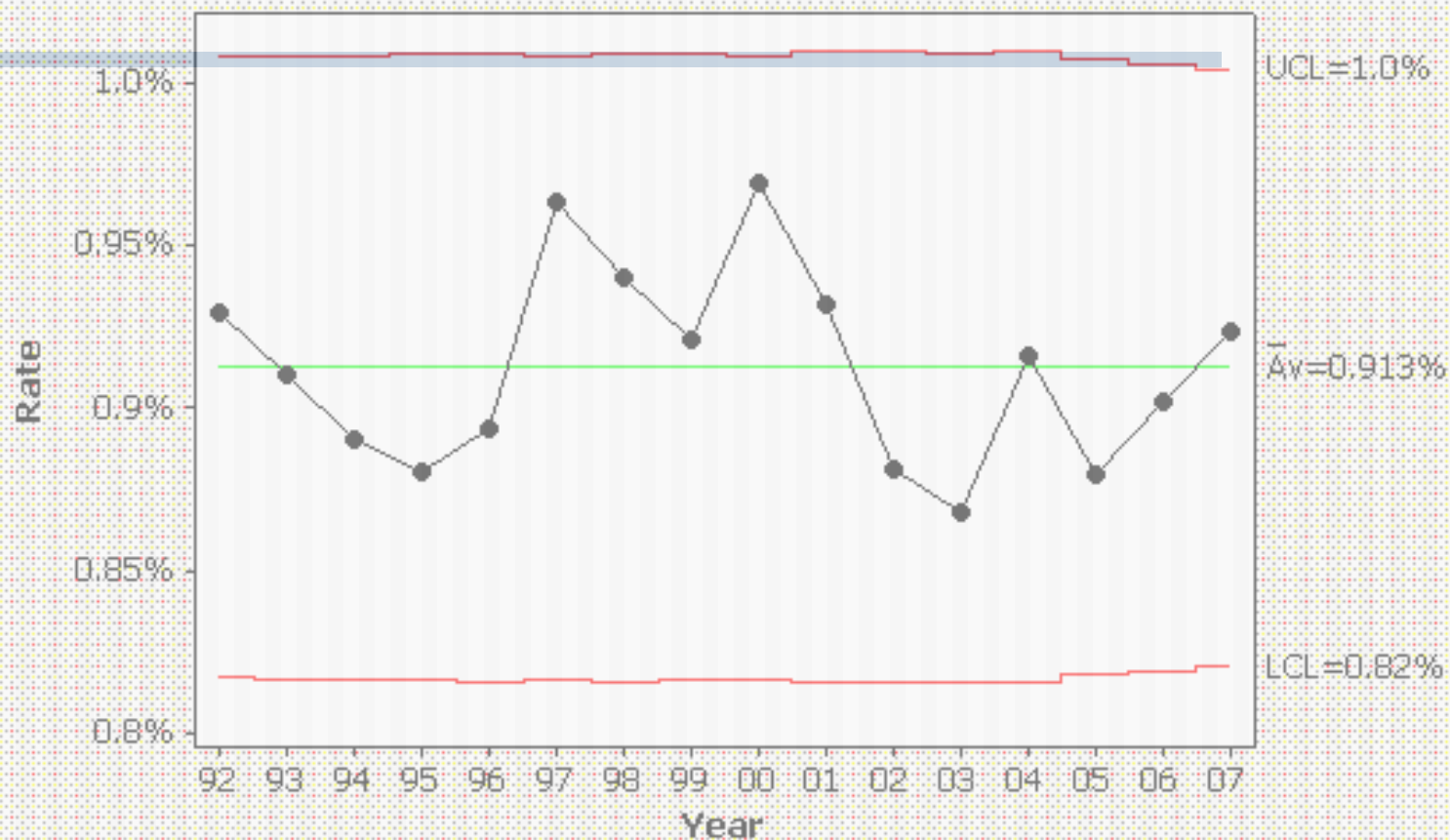
Percentage of normal birth

- In England in 2005, 48% of women had a normal birth
- In Australia a study (n=171 157) looking at birth without intervention for low risk primiparous women showed that 18% of women giving birth in a private hospital and 39% in a public hospital achieved a vaginal birth without any intervention (Roberts et al., 2000)

NSW rates of maternal NVD, CS, Instrumental and Vaginal Breech birth 1990-2007



NSW Perinatal Mortality rate all births 1992-2007



From 1993 'transferred and died' was included in BabyDischargeStatus codes, but is probably under-reported.

Keeping the first pregnancy normal: summary of evidence

- Size of the hospital (smaller units protective) (Tracy et al., 2005)
- Continuity of midwifery care (Homer et al., 2001)
- Birth Centre care (Hodnett et al. 2005)
- Homebirth (Johnson, 2005)
- Audit, feedback (Althabe, 2004; Bickell, 1996, Liang, 2004, Robson, 1996)
- Evidence based guidelines
- Collaborative care (Jackson et al. 2003)
- Avoiding unnecessary interventions (IOL and EDB)

Six Lamaze Healthy Birth Practices

- Let labour begin on its own
- Walk, move around and change positions throughout labour
- Bring a loved one, friend, or Doula for continuous support
- Avoid interventions that are not medically necessary
- Avoid giving birth on the back and follow the body's urges to push
- Keep mother and baby together

Maternity Unit Culture

Normal births seem to be higher where there is a shared positive attitude towards birth as a normal physiological process, positive leadership, timely access to support for junior staff, commitment to evidence-based practice, integration of different parts of the service, and an ability to manage change. (Consensus statement from the Maternity Care Working Party, UK, 2007).

Desiring the unknown...

“Women who want the experience of childbirth are in the curious position of desiring the unknown”
(Greer, 1984, p.12).

Exchanging a known self...

Childbearing involves
women exchanging a
known self in a known
world with an unknown
self in an unknown
world (Rubin, 1984).

Practicing to confront the unknowable...

On the deepest level I knew nothing of what was to happen. I just seemed to spill out circular, a boundless belly. In my mind however I knew everything, or so I thought. In the manner of the day, I had read all the books and attended two sets of classes, dedicatedly practicing to confront the unknowable. (Dell'oso, 1989, p.190)

“When a baby is born a mother is born!”

...although puerperal changes in postpartum mothers return their bodies to preconceptual status, after having their first children, women find themselves different and will frequently say that their child has changed them forever. When a baby is born a mother is born!”

Diaz-Rossello J, L & Ferreira-Castro A (2008): Maternology: When a baby is born, a mother is born. *NeoReviews* 9, downloaded from <http://neoreviews.aapublications.org>.

What do we know about the first birth?

- Pregnancy, birth and early parenthood are vulnerable periods in a woman and her family's life
- The birth of the first child represents a landmark for many parents and initiates strong feelings, both positive and negative (Olin & Faxelid 2003, Simkin 1992).
- First time mothers are particularly vulnerable to the impact of the birth experience as they have no previous point of reference or basis for comparison (Dahlen *et al.* 2008).

First and subsequent births...

- Primiparous women are more likely to rate their labour and delivery as unexpected compared with multiparous women (Stolte, 1987).
- Primiparous women who rate the birth experience as unexpected are more likely to rate it as unpleasant (Knight & Thirkettle, 1987).
- Those that rate the birth as favourable are more likely to have said the experience was better than expected (Crowe & Von-Baeyer, 1989).

Methodology

- Grounded theory study
- 19 women
- Home birth/hospital birth
- In depth interviews

Aims and research questions

- The aim of this research was to explore the experience of a small group of first time mothers giving birth at home and in hospital and investigate the implications of the findings for health providers.
- The research questions were: What is the experience of women giving birth to their first child in the two different birth settings and how does midwifery care influence this experience?

The Novice birthing

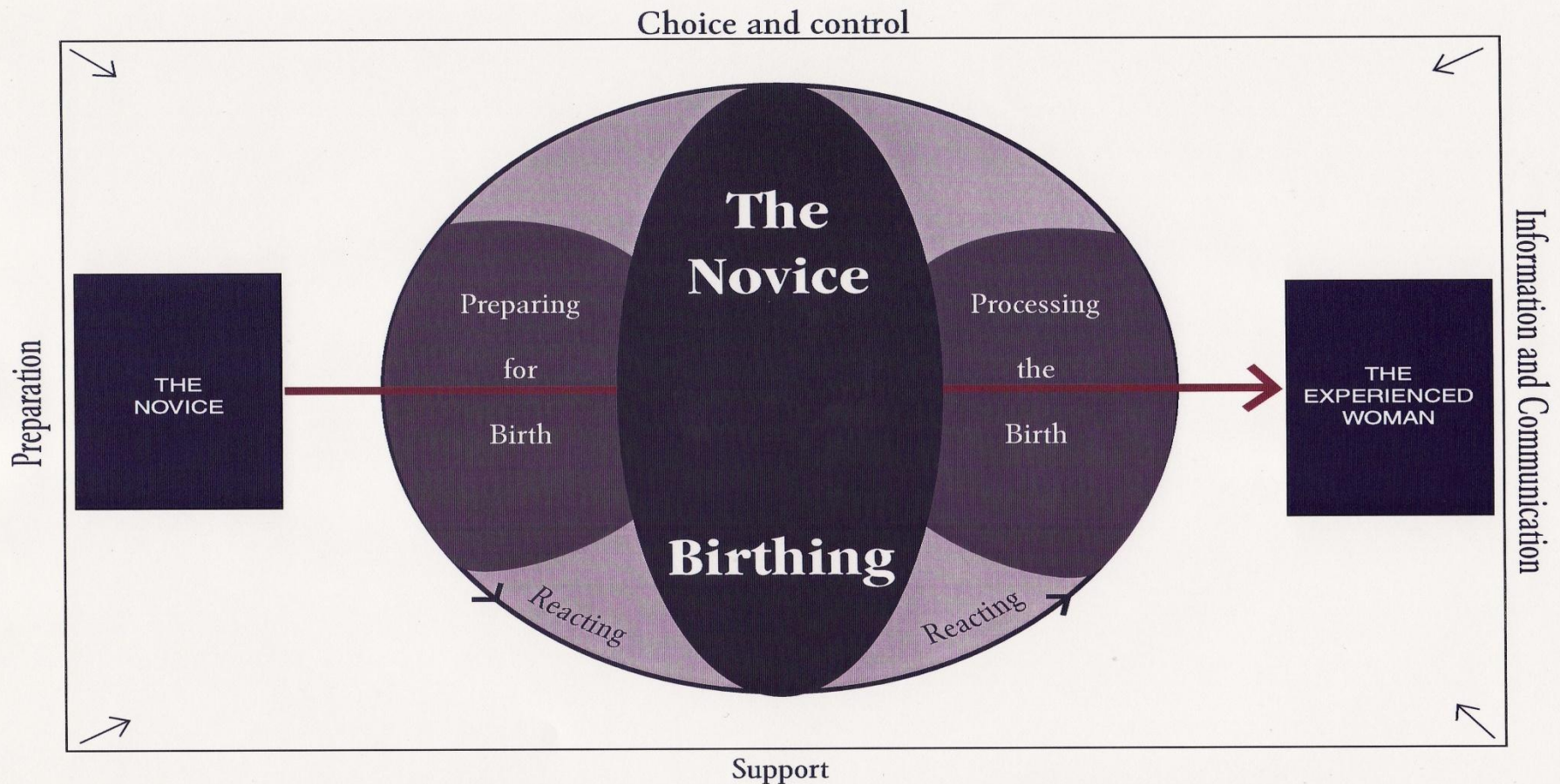


Illustration of the relationship between the Core Category and other Categories

Reacting to the unknown

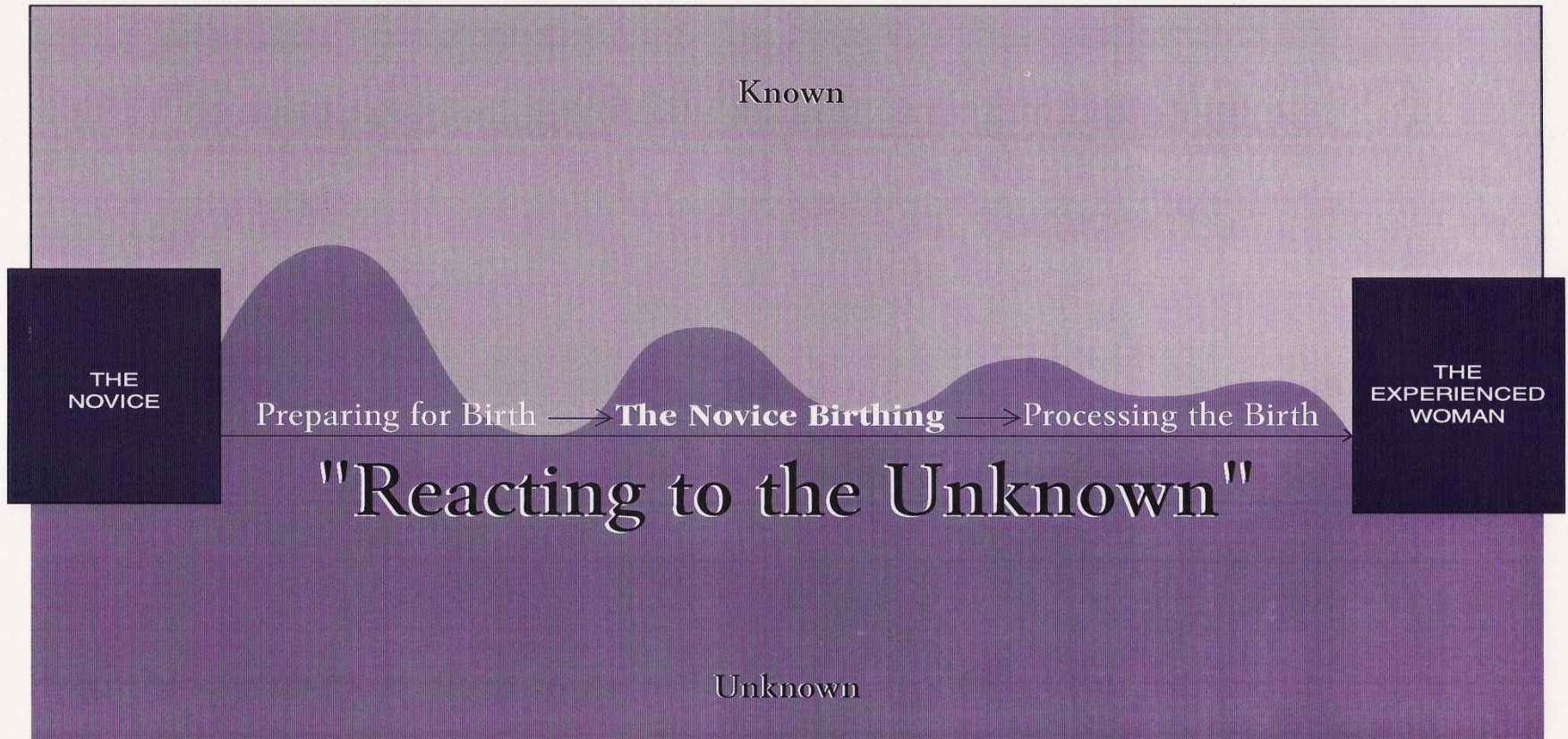


Illustration demonstrating the Basic Social Process - "Reacting to the Unknown"

The Novice Birthing

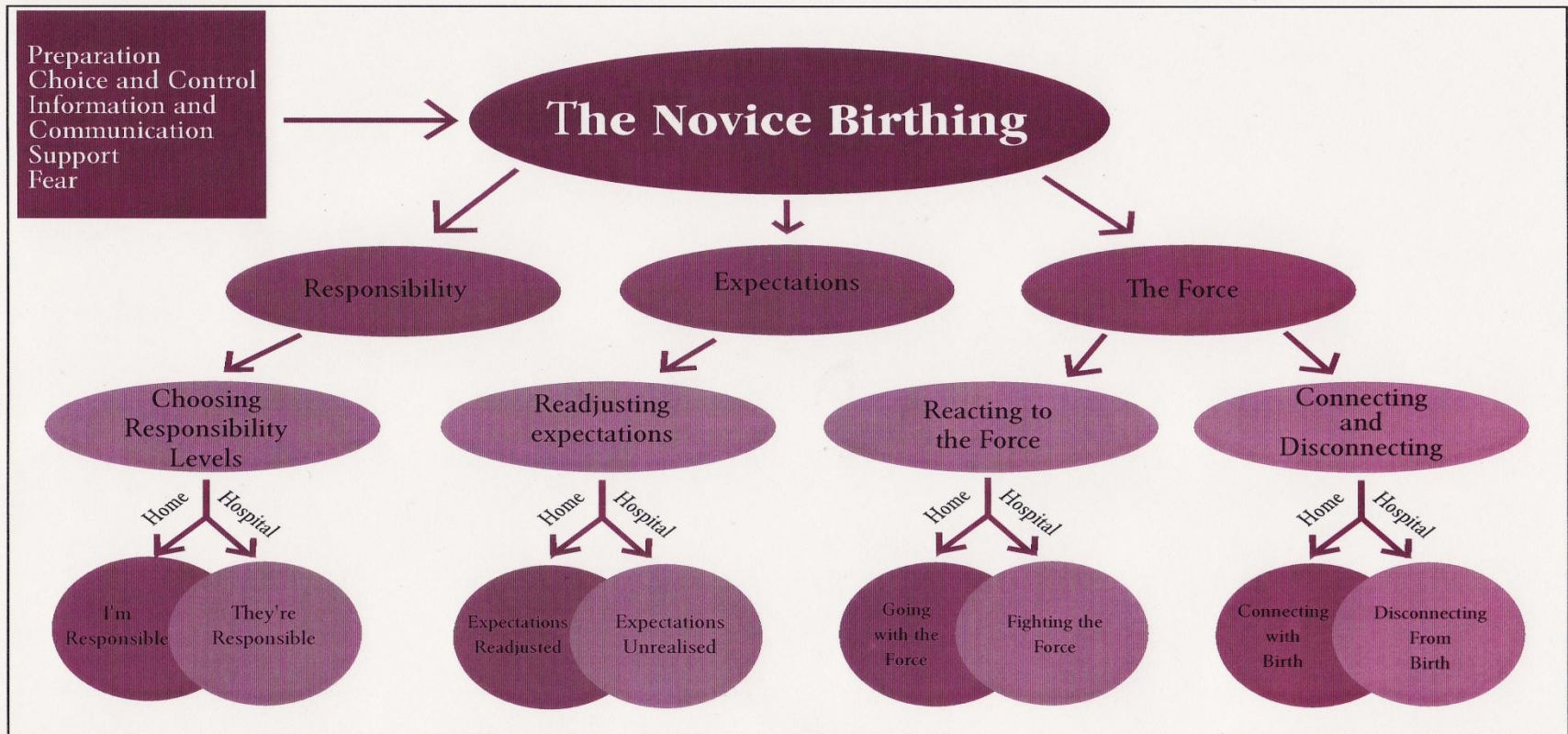
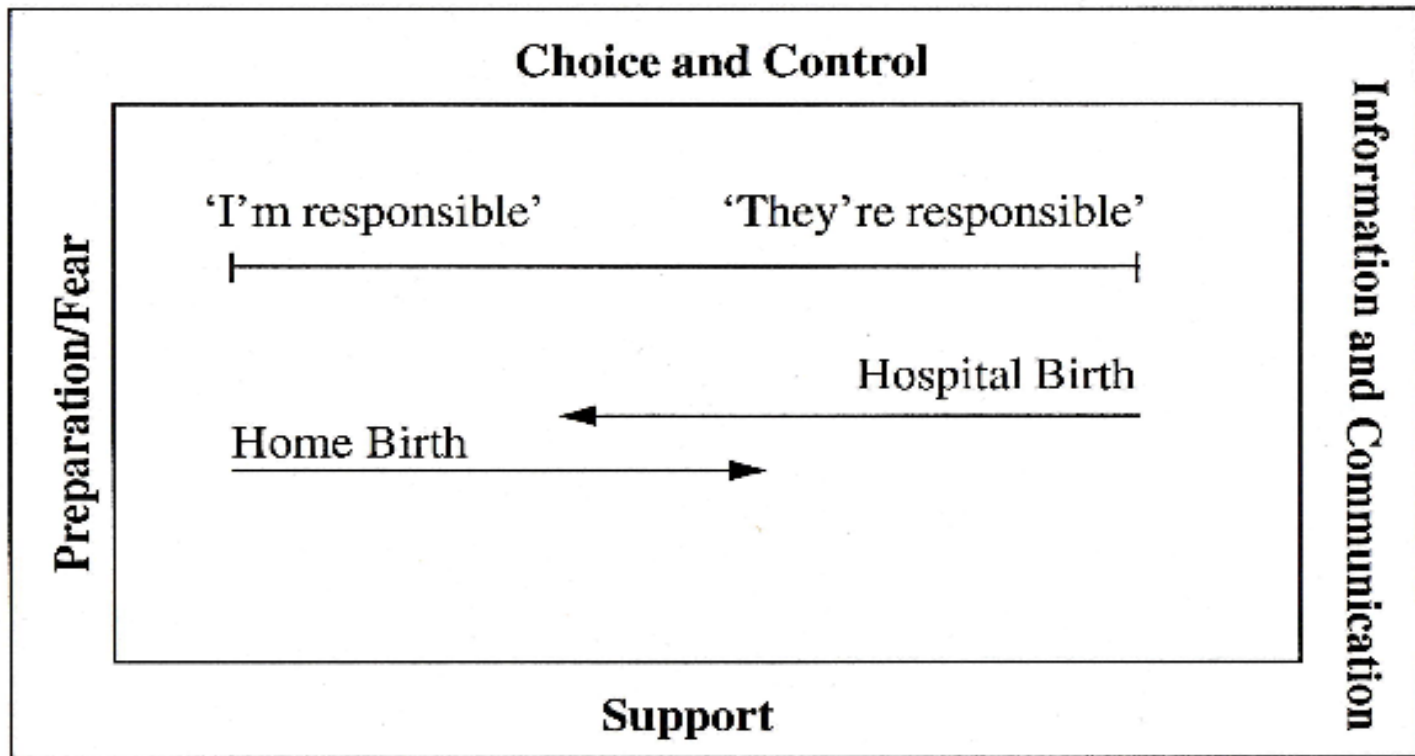


Illustration of Axial coding of the Core Category "The Novice Birthing"

Responsibility



Responsibility

We do a lot of training and things in other aspects of our lives I really don't see this is any different. Why hand over the reins to anybody else (Cheryl, home birth).

The doctor should take responsibility that we should do this or do that with the patient and it should not be left to the patient (Anita, hospital birth).

Expectations

My expectations of what positions could do for me were quite different. I was sort of like racing around up and down the hall thinking that would alleviate some of the pain, but it didn't... But when Jenny [midwife] got here she was really good in getting me refocused on, or recentring me on what was actually happening with my body and making me relax (Tracy, homebirth).

The reality is that first time mothers' 'expectations' of their birth are rarely met (Stolte, 1987); therefore they need support with adjusting these 'expectations'. As 'novices', they have no previous real life experiences on which to base 'expectations' (Beaton & Gupton, 1990).

Dealing with the force

Each time I went under the water I made this sort of deep sound that I visualised going through my body. I visualised it moving right down through my vagina opening up my cervix...I loved getting to that stage where I wanted to push, it was so irresistible, almost sexual in that irresistibility of wanting to push and it didn't occur that nobody had checked my dilation and that maybe I wasn't fully dilated or anything like that. It just didn't occur to me. I felt fully dilated and felt ready to push and so push I did (Kerry, home birth).

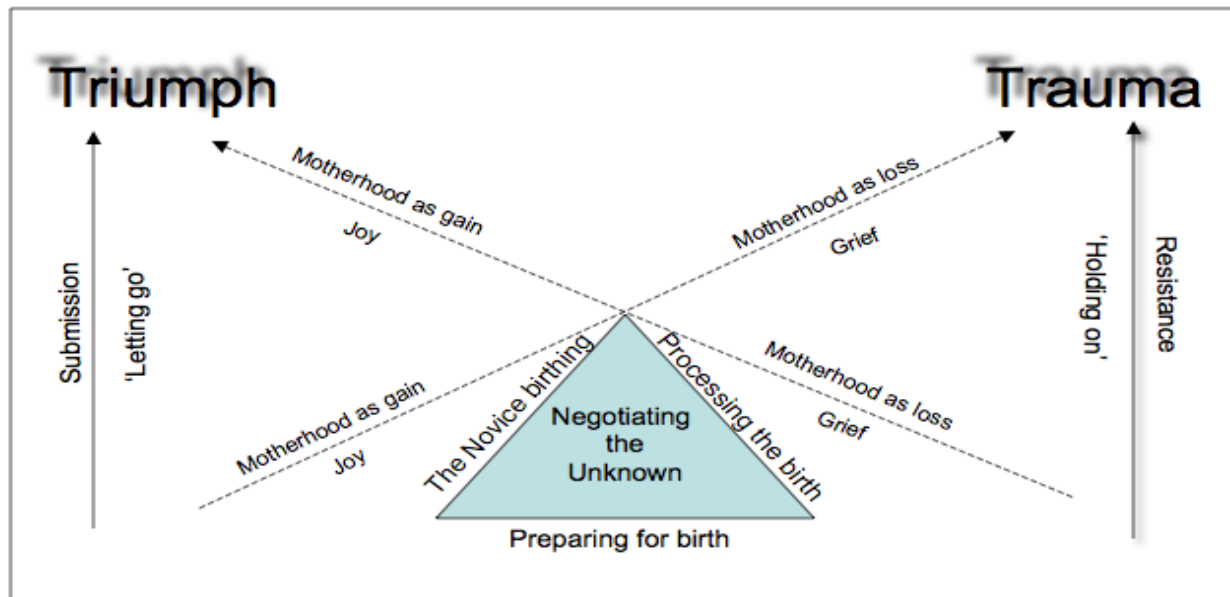
I felt at once I knew her and that she had been there with me always. She had this amazing smell. I loved the smell of her, it was exquisite. We were really allowed that time to know her and I think that was really vital. Those were the moments when I was imprinting her on me (Kerry, home birth).

I wasn't focusing on the fact that when it's all over I'm going to have a baby there. I was focused mainly on pushing this object out sort of thing, or getting over the actual pain of the contractions...I look at her and I know she's my baby but I still can't believe it because I didn't have that stage where she was born and I held her (Mary, hospital birth).

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- Previous research has found that some of the women experienced detachment or dislocation during the birth, particularly if they go through a traumatic or long labour (DiMatteo, et al. 1993).
 - It is not unreasonable to suggest that one of the underlying influences for either a powerful or traumatic birth experience may stem from this key response to ‘the force’ of labour (Dahlen et al. 2008 in press)

Trauma and triumph...

The triumph and trauma of motherhood



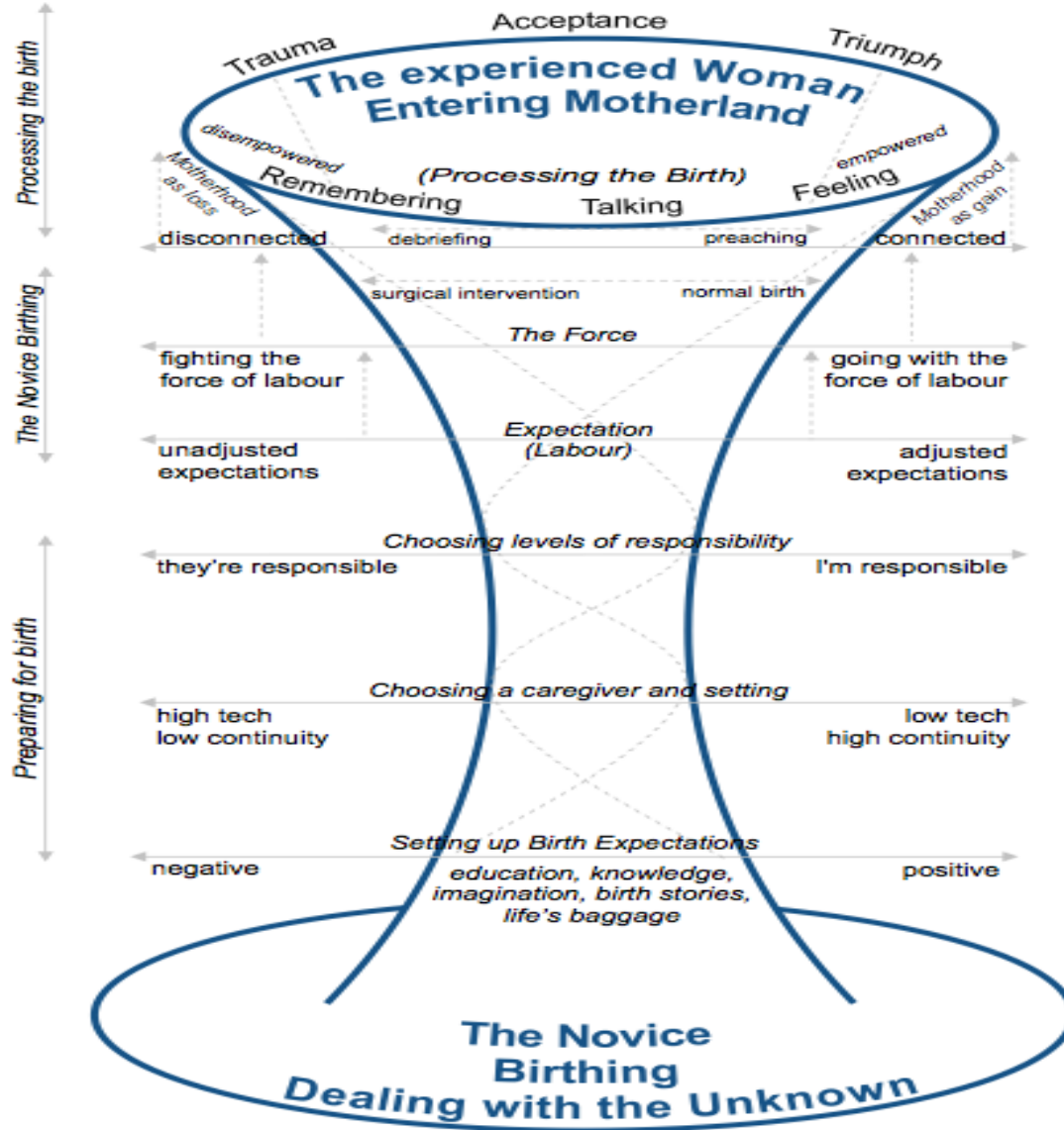
The grief and joy...

Nothing ever goes back to being how it was before and I think the grief is in realising that no it won't be and the joy is in realising what you create can be something fantastic (Kerry, home birth).

Choice and control

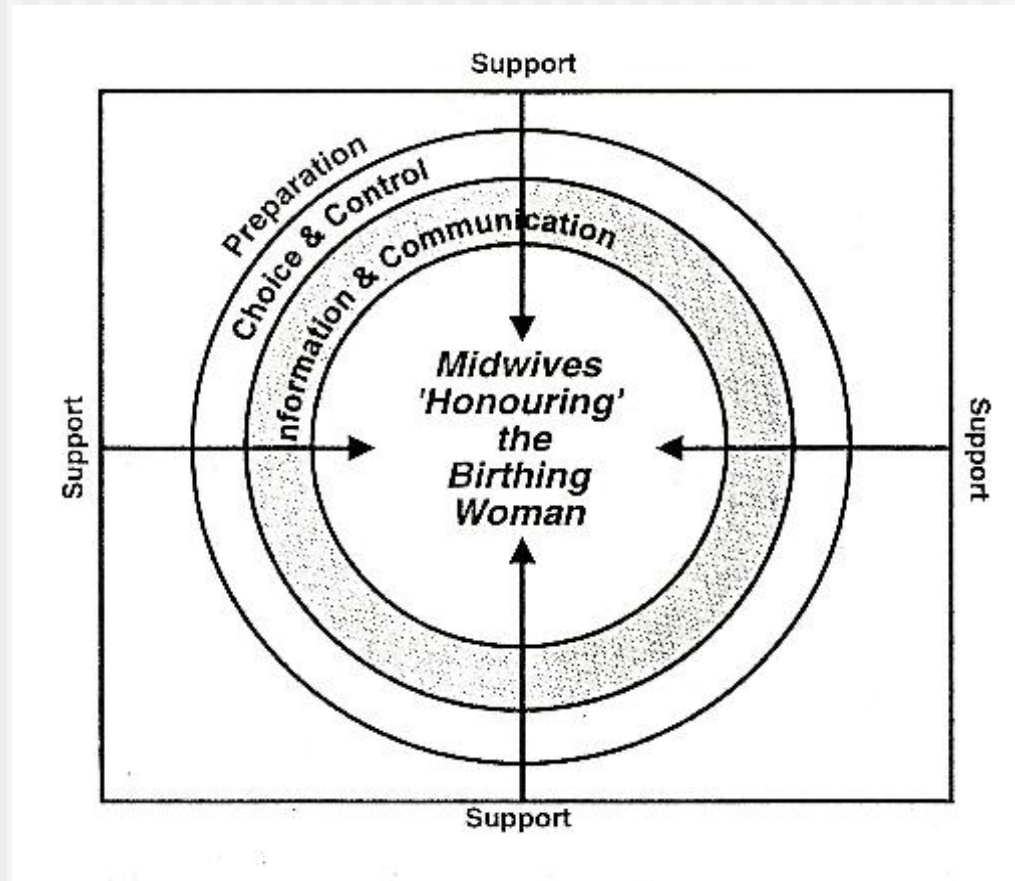
Preparation

Information and Communication



Support

The influence of midwifery care



Choice

Without choice there's no feeling of control or participation ... your personality becomes irrelevant. You're just a thing that's popping a baby out. It's all a very technical exercise... Because once your body takes over you're already losing control in one sense anyway... The last thing you need is to have everything else in your environment make you feel that way. I couldn't control anything (Anna, hospital birth).

Control

I felt we [herself and husband] were in control, setting the pace. I did feel in control... I never felt that someone else for a moment made me do something that wasn't comfortable (Kerry, homebirth).

Information and Communication

I ended up going back inside. I felt very invalidated and then thought I'm not going to say any more about how I'm feeling (Wanda, home/ hospital birth).

Support

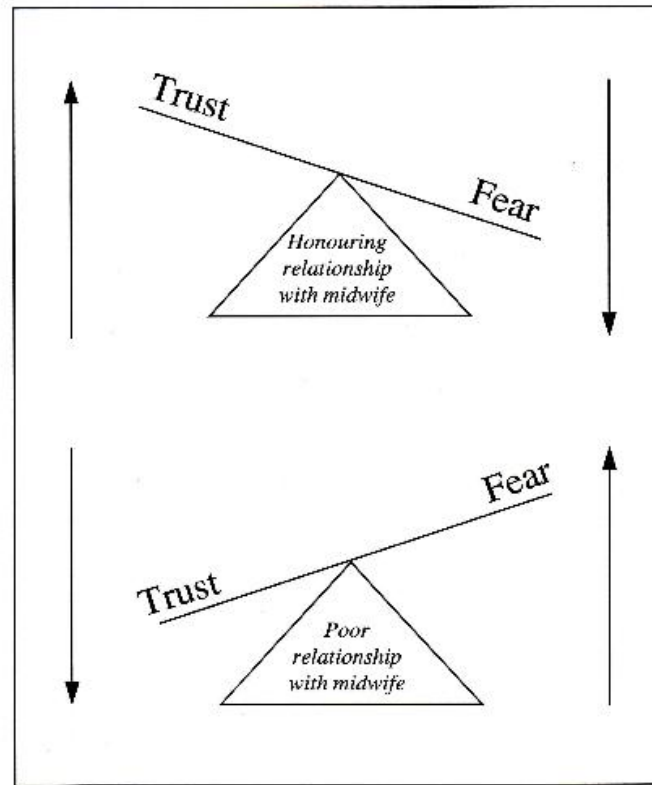
She [midwife] was just there rather than even being a guide. She was just there. Almost like invisible. Apart from where she needed to be seen, or where she needed to be heard (Kerry, homebirth).

I was just sitting there looking at this machine watching the baby's heart beat. Just laying there, not knowing what was happening. Midwives would come in and out (Bess, hospital birth).

Honouring women

She [hospital midwife] was fantastic and she was the one who gave me every opportunity and honoured me to do exactly what I wanted to do to deliver a baby. My hospital experience was very different to what I imagined and really good. When I think back to my birth, that's the part that I feel good about. I felt empowered. I felt supported and I felt like I was actually in control (Wanda, home/hospital).

Trust and fear



The first birth: Journeying into
the unknown.....

Fear of the unknown...

I think it's the fear of the unknown as well. It's just like any thing if you don't know what to expect and you haven't been through it you know it is frightening... Because I didn't know what to expect next and when things were happening I didn't know what was happening (Mary, hospital birth).

Fear of the unknown....

The possibilities...

The End...

-Dahlen, H.G., Barclay, L. and Homer, C.S.E. The novice birthing: theorising first time mothers' experiences of birth at home and in hospital in Australia. (Online in Midwifery in May 2008)

-Dahlen, H.G., Barclay, L. & Homer, C.S.E. 'Reacting to the unknown': Experiencing the first birth at home or in hospital in Australia.(Accepted for publication in Midwifery in July 2008)

-Dahlen, H.G., Barclay, L. & Homer, C.S.E. Preparing for the First Birth: Preparing for the First Birth: Mothers' Experiences at Home and in Hospital in Australia (Accepted for publication in The Journal of Perinatal Education in July 2008)

-Dahlen, H.G., Barclay, L. & Homer, C.S.E. Processing the first birth: Journeying into motherland. Accepted for publication Journal of Clinical Nursing May 2009